

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3027

03979  
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 2527

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR TOWN	
X TOWN <u>Rural Centerville</u>				TOWN <u>Rural Centerville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
				<u>Brownsville</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First) <u>ANNIE</u>		(Middle) <u>MARIA</u>		(Last) <u>BAKER</u>		(Month) (Day) (Year)	
(Type or Print)						<u>April 15 1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH:		9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.	
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Feb. 12-1876</u>		<u>79</u> yrs.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Domestic</u>		<u>Mail</u>		<u>M. Centerville Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William H. Baker</u>				<u>Hester Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>No</u>		<u>None</u>		<u>Hennetta B. Wilson Centerville, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<u>420.1</u> Immediate cause (a)..... DUE TO Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Coronary atherosclerosis</u> <u>Arterio-sclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County)		21d. (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED	
<u>H. M. H. H. H.</u>						<u>4-15-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Apr. 18, 1955</u>		<u>Brownsville</u>		<u>Centerville Maryland</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>4/18/55</u>		<u>John Armstrong</u>		<u>Barton Bros. Centerville, Maryland</u>			

BUREAU A. A.

APR 22 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3988

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03900

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

Items 13 &amp; 14, Film G181, 5/13/55 fcy

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne's</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Centerville</u>		LENGTH OF STAY (in this place) <u>37 yr</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centerville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10</u>				STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>VIVIAN LINDSEY LAKE</u>				<u>April 14 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH: <u>Oct-5-1864</u>	
9. AGE last birthday: <u>90</u> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Steam Engineer</u>		11. BIRTHPLACE (State or foreign country): <u>Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Charles H. Lake</u>				14. MOTHER'S MAIDEN NAME: <u>Lilly L. Drennen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY No.: <u>none</u>		17. INFORMANT & ADDRESS: <u>Mr. Charles L. Andrew, Centerville, Md</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
450.0 Immediate cause (a) <u>Chronic Dissection of the heart</u>							
Antecedent cause(s) (b) <u>Arteriosclerosis</u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Not while		HOW DID INJURY OCCUR?			
OF INJURY		M. work <input type="checkbox"/> at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>53</u> , to <u>4-14</u> , 19 <u>55</u> that I last saw the deceased alive on <u>4-13</u> , 19 <u>55</u> , and that death occurred at <u>4</u> <u>30</u> m., from the causes and on the date stated above.							
SIGNATURE <u>H. J. Williams</u>				DATE SIGNED <u>4-16-55</u>			
(DEGREE OR TITLE) <u>MD</u>				ADDRESS <u>Centerville Maryland</u>			
23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>April 16-55</u>		NAME OF CEMETERY OR CREMATORY <u>Christfield</u>		LOCATION (City, town, or county) (State) <u>Centerville Maryland</u>	
DATE REC'D BY LOCAL REG. <u>4/16/55</u>		REGISTRAR'S SIGNATURE <u>Glenn Armstrong</u>		24. FUNERAL DIRECTOR <u>Baughman</u>		ADDRESS <u>Centerville Maryland</u>	

BUREAU V. M.

APR 22 1955

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

3989

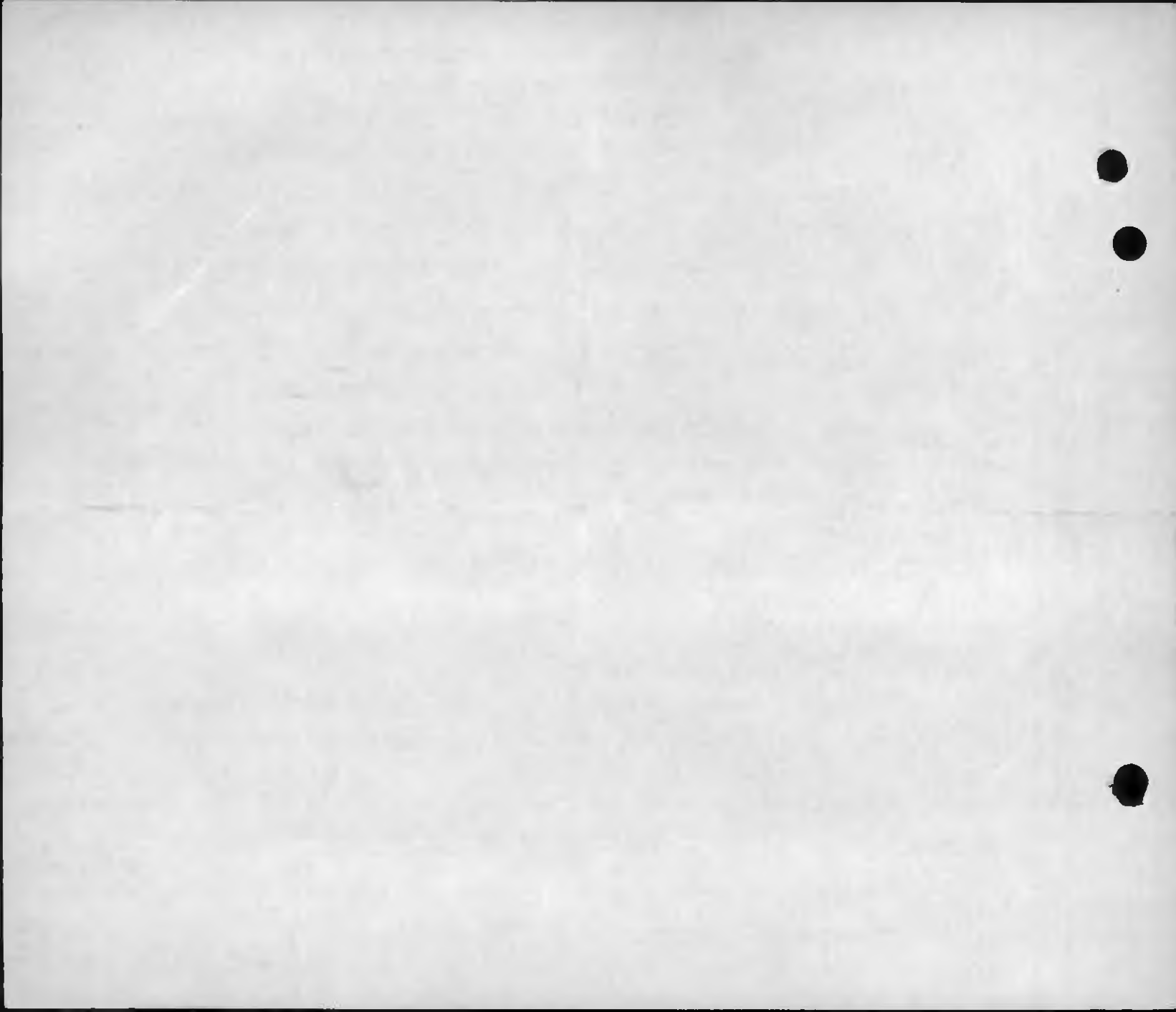
03981

1. PLACE OF DEATH- COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Queen Anne's</u> COUNTY <u>Q.A.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Rural - Chester</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Chester</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cox's Neck</u>		STREET ADDRESS <u>Cox's Neck</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>James</u>	(Middle) <u>Allen</u>	(Last) <u>Moring</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>8</u>	(Year) <u>1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 1, 1891</u>
9. AGE last birthday <u>62</u> yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William Moring</u>		14. MOTHER'S MAIDEN NAME <u>Enis Morn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war, or dates of service) <u>World War II</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Carrie Moring Chester, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) <u>Coronary Occlusion</u>			<u>2-3 min.</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Hypertensive Arteriosclerotic C-V Disease</u>			<u>3 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
SUICIDE HOMICIDE	INJURY		
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 1951</u> , to <u>April 1, 1955</u> , that I last saw the deceased alive on <u>Apr. 18, 1955</u> , and that death occurred at <u>7:05</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Irwin J. Hoyt MD</u>		ADDRESS <u>Queenstown, Md.</u>	
DATE SIGNED <u>4/8/55</u>			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-12-55</u>	<u>Balto nat</u>	<u>md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>4/11/55</u>	<u>W. Hedger</u>	<u>George E. Nelson</u>	<u>1348 N. Calhoun St</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





03982

## MARYLAND STATE DEPARTMENT OF HEALTH

3990

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <u>Prince Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>AA</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Centerville</u> LENGTH OF STAY (In this place) <u>14 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Centerville</u> <u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R. Route 3</u>		STREET ADDRESS (If rural, give location) <u>P.R. #3</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Herman</u> <u>Paul</u> <u>Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> - <u>11</u> 19 <u>56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>4-10-78</u>
9. AGE last birthday <u>77</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Joe Paul</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Herman Paul Jr</u>			

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause (a) <u>Acute Distention of the Heart</u>		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Arterio-sclerosis</u>		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-14-56</u>	<u>Centerville</u>	<u>Centerville</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>4-14-56</u>	<u>Blair Ametropoulos</u>	<u>James B. Douthett</u>	<u>Centerville</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. E.

APR 22 1955

RECEIVED



3991

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Queen Anne</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Queen Anne</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <i>Stevensville</i>				TOWN <i>Stevensville</i>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <i>John Bradford Ringold</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 3 1955</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Color</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married Apr. 8 1974</i>		8. DATE OF BIRTH <i>7 8 yrs.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Stevensville</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Bentjamin Ringold</i>				14. MOTHER'S MAIDEN NAME <i>Harriet Martin</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <i>215-20-0717</i>		17. INFORMANT & ADDRESS <i>Mr. George Hamrick</i>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
3 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
4260 IMMEDIATE CAUSE (A) <i>Asphyxia</i>							
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arterio Sclerosis Mitral regurgitation 4 yrs</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Apr 3 1955</i> to <i>Apr 3 1955</i> , that I last saw the deceased alive on <i>Apr 3 1955</i> , and that death occurred at <i>7:15 P</i> M, from the causes and on the date stated above.							
SIGNATURE <i>Chas E. Fryer</i> M.D.				ADDRESS (Street, city, town, state) <i>Stevensville Md</i>		DATE SIGNED <i>3/4/55</i> (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Apr. 7 1955</i>		NAME OF CEMETERY OR CREMATORY <i>Iron Mt. Cem</i>		LOCATION (City, town, or county) <i>Stevensville Md</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Elizabeth A. Gopfert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. B. Johnson</i>		ADDRESS <i>Annapolis</i>	
DATE <i>4/13/55</i>							

**INSTRUCTIONS**

**1** hours after death.

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 1 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 153C 1-55 10M



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03984

3992

## CERTIFICATE OF DEATH

Reg. Dist. No. 25-2

1. PLACE OF DEATH COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Robert</u>	(Middle) <u>Emory</u>	(Last) <u>Solloway</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>13</u>	(Year) <u>1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 3, 1890</u>
9. AGE last birthday <u>64</u> yrs.		10. If under 1 year: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Solloway</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Ann Delahay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Margaret Lohr - Centreville</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a).....

Inanition

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)...

Arteriosclerosis C-V Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

6 wks

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, etc.)  
OFFICE bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to April, 1955, that I last saw the deceasedalive on April 9, 1955 and that death occurred at 6:15 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Irwin J. Hoyt MDQueenstown Md.4/13/55

## 23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/16/55Queen's CrematoriumBaltimoreCentreville Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 22 1955

RECEIVED

3993

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<u>X</u> <u>Chester</u>		<u>all his life</u>		<u>Chester</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>100</u>				<u>Dominion</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Leroy Enright Thomas</u>				<u>April 12 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: (If under 1 year) (If under 24 hrs.)			
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Aug 10 - 1879</u>	<u>75</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Waterman</u>		<u>Optometrist</u>		<u>Chester Md -</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William Thomas</u>				<u>Annie Rebecca Stalling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<u>None</u>				<u>214-34-8634</u>		<u>Mrs Albert Gerty Chester Maryland</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<p>Immediate cause (a) <u>Coronary occlusion (embolus)</u> DUE TO</p> <p>Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>coronary insufficiency</u> DUE TO</p> <p>(c) <u>Arteriosclerosis general + coronary</u></p>							
Interval Between Onset And Death <u>April 12, 1955</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 10, 1954</u> , to <u>April 12, 1955</u> , that I last saw the deceased alive on <u>April 11, 1955</u> , and that death occurred at <u>8 15 P.</u> , from the causes and on the date stated above.							
SIGNATURE (Degree or title)				ADDRESS		DATE SIGNED	
<u>Theron Sattelmair M.D.</u>				<u>Stevensville Md.</u>		<u>4/13/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>April 15 - 55</u>		<u>Stevensville Md</u>		<u>Stevensville Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>April 15, 1955</u>		<u>Elizabeth Hooper</u>		<u>Boatman Bros</u>		<u>Centerville Maryland</u>	

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VS. A1E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 19 1955  
BUREAU V. 3

03986

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3994  
Olivia C. Woodring

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Sudlersville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Walraven Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>High St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Olivia C. Woodring</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>30</u> (Year) <u>1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>1/31/1884</u>
9. AGE last birthday <u>71</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dietician</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Israel Woodring</u>		14. MOTHER'S MAIDEN NAME <u>Isabella Yost</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>23I-38-I358</u>	
17. INFORMANT AND ADDRESS <u>Ella S. Crow</u>		18. MEDICAL CERTIFICATION	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1 Immediate cause</u> <u>Antecedent cause(s)</u> <u>Diabetes or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		INTERVAL BETWEEN ONSET AND DEATH	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility &amp; Sclerosis</u>			
21. DATE OF OPERATION <u>NO</u>		22. MAJOR FINDINGS OF OPERATION	
23. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1/1</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
24. I hereby certify that I attended the deceased from <u>April 1, 1955</u> , to <u>April 30, 1955</u> , that I last saw the deceased alive on <u>April 29, 1955</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>W. H. White</u>		ADDRESS <u>Puttlesville, Md.</u>	
DATE SIGNED <u>5/1/55</u>			
25. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/3/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Church Hill Cem.</u>		LOCATION (City, town, or county) (State) <u>Church Hill, Md.</u>	
DATE REC'D BY LOCAL REG. <u>May</u>		REGISTRAR'S SIGNATURE <u>Edgar L. Laner</u>	
26. FUNERAL DIRECTOR <u>J. Willis Wells</u>		ADDRESS <u>Chestertown, Md.</u>	

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BUREAU V. S.

MAY 10 1955

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